

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

IMPACT

ADDRESS (number and street)

60 East 42nd St. Suite 437

☒Check if different  
than previously  
reported. (ACC)

New York

NY

10165

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00348607

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☒

Special (12G)

Election on

09

13

2011

in the  
State of

NY

(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2011

through

08

24

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

David A. Barrett

Signature of Treasurer

Electronically Filed by David A. Barrett

Date

08

30

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
IMPACT

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	8

D	D
2	4

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2011	94941.99
(b) Cash on Hand at Beginning of Reporting Period .....	166537.83	
(c) Total Receipts (from Line 19) .....	50867.08	345912.68
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	217404.91	440854.67
7. Total Disbursements (from Line 31) .....	50261.81	273711.57
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	167143.10	167143.10
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

IMPACT

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	Y	Y
0	8	2	4	2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	7250.00	59250.00
(ii) Unitemized .....	100.00	100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	7350.00	59350.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	43500.00	286500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	50850.00	345850.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	6.00	15.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	11.08	47.68
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	50867.08	345912.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	50867.08	345912.68

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	37761.81	86211.57	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	37761.81	86211.57	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12500.00	187500.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	50261.81	273711.57	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	50261.81	273711.57	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	50850.00	345850.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	50850.00	345850.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	37761.81	86211.57
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	6.00	15.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	37755.81	86196.57

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

IMPACT

**A.**

Full Name (Last, First, Middle Initial)

Warren S. Golden

Mailing Address 19 Colton Road

City

Mahopac

State

NY

Zip Code

10541

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Citywide Mobile ResponseOccupation  
EMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	2	/	2	0	1	1

Transaction ID: C7032097

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Martin D. Gruss

Mailing Address 667 Madison Avenue

City

New York

State

NY

Zip Code

10065-8029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gruss & Co.Occupation  
Senior Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	8	/	2	0	1	1

Transaction ID: C7038736

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Jessica Killin

Mailing Address 727 Butternut St., NW

City

Washington

State

DC

Zip Code

20012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USAAOccupation  
Asst. VP Fed Gov't Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	8	/	2	0	1	1

Transaction ID: C7038746

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

2750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

IMPACT

A.

Full Name (Last, First, Middle Initial)

James McNeal

Mailing Address 414 W. Elm Ave.

City

Burbank

State

CA

Zip Code

91506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Schaefer Ambulance ServiceOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: C7032136

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

J. Peter McPartlon

Mailing Address 70 Dublin Drive

City

Niskayuna

State

NY

Zip Code

12309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: C7032137

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

James P. McPartlon, III

Mailing Address 1015 Dibella Dr.

City

Schenectady

State

NY

Zip Code

12304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mohawk Ambulance ServiceOccupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: C7032096

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

2000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

IMPACT

**A.**

Full Name (Last, First, Middle Initial)

Jamie L. Pafford-Gresham

Mailing Address 3317 W. 16th Street

City

Hope

State

AR

Zip Code

71801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pafford EMS

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: C7032138

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Suzanne Rapisarda

Mailing Address 3824 Fillmore Ave.

City

Brooklyn

State

NY

Zip Code

11234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: C7032113

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ruth T. Reisner

Mailing Address 305 North 8th St.

City

Olean

State

NY

Zip Code

14760

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Trans Am Ambulance Services Inc.

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: C7032115

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

IMPACT

**A.**

Full Name (Last, First, Middle Initial)

Jonathan D. Washko

Mailing Address 16 Pocket Court

City

Northport

State

NY

Zip Code

11768

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Washko & Associates

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: C7032128

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Michael Woronka

Mailing Address 50 Hill Street

City

Methuen

State

MA

Zip Code

01844-3724

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Action Ambulance Service

Occupation  
Paramedic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: C7032134

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

7250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 34

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

IMPACT

**A.**

Full Name (Last, First, Middle Initial)

Alion Science & Technology Corporation PAC

Mailing Address 1750 Tysons Blvd., Suite 1300

City

State

Zip Code

Mc Lean

VA

22102

FEC ID number of contributing  
federal political committee.

**C**

C00431247

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 7 / 2 0 1 1

Transaction ID: C7038733

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

American Dental PAC

Mailing Address 1111 14th Street, NW  
Suite 1100

City

State

Zip Code

Washington

DC

20005

FEC ID number of contributing  
federal political committee.

**C**

C00000729

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 8 / 2 0 1 1

Transaction ID: C7038734

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

American Hospital Association PAC

Mailing Address 325 Seventh Street, NW  
Suite 700

City

State

Zip Code

Washington

DC

20004

FEC ID number of contributing  
federal political committee.

**C**

C00106146

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 6 / 2 0 1 1

Transaction ID: C7032089

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

12500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 34

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

IMPACT

**A.**

Full Name (Last, First, Middle Initial)

CME Group Inc. PAC

Mailing Address 20 South Wacker Dr.

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing  
federal political committee.

**C**

C00076299

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 1 / 2 0 1 1

Transaction ID: C7002991

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Drive Committee PAC

Mailing Address 25 Louisiana Ave. NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

**C**

C00032979

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 7 / 2 0 1 1

Transaction ID: C7038729

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Federation of American Hospitals (FED PAC)

Mailing Address 801 Pennsylvania Ave, NW  
Suite 245

City

Washington

State

DC

Zip Code

20004-2604

FEC ID number of contributing  
federal political committee.

**C**

C00002261

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 6 / 2 0 1 1

Transaction ID: C7045975

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

12500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 34

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

IMPACT

**A.**

Full Name (Last, First, Middle Initial)

National Community Pharmacists Association PAC

Mailing Address 100 Daingerfield Rd.

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

**C**

C00030809

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 1 / 2 0 1 1

Transaction ID: C7038731

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Nomura Holding America Inc., Political Action Committee

Mailing Address 1101 Pennsylvania Ave., NW Ste. 51

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

**C**

C00491951

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 6 / 2 0 1 1

Transaction ID: C7032094

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Property Casualty Insurers Assn. of America PAC

Mailing Address 2600 South River Road

City

Des Plaines

State

IL

Zip Code

60018-3286

FEC ID number of contributing  
federal political committee.

**C**

C00066472

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 1 / 2 0 1 1

Transaction ID: C7045976

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 34

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

IMPACT

**A.**

Full Name (Last, First, Middle Initial)

Real Estate Investment Trusts PAC

Mailing Address 1875 I Street, NW, Suite 600

City

Washington

State

DC

Zip Code

20006

FEC ID number of contributing  
federal political committee.**C**

C00303339

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	0	/	2	0	1	1

Transaction ID: C7032095

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Realtors Political Action Committee

Mailing Address 430 N. Michigan Ave.

City

Chicago

State

IL

Zip Code

60611

FEC ID number of contributing  
federal political committee.**C**

C00030718

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	4	/	2	0	1	1

Transaction ID: C7042597

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Time Warner Cable Federal PAC

Mailing Address 901 F St. NW Suite 800

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.**C**

C00431551

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	1	/	2	0	1	1

Transaction ID: C7038732

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

12500.00

**TOTAL** This Period (last page this line number only) .....

43500.00

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
IMPACT

FEC Schedule B (Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
IMPACT

A.

Full Name (Last, First, Middle Initial)  
Cres Inc.

Mailing Address 192 Lexington Avenue #1205

City State Zip Code  
New York NY 10016-6823Purpose of Disbursement  
Security Deposit

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D394154

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	2		2	0	1	1

Amount of Each Disbursement this Period

2356.53

B.

Full Name (Last, First, Middle Initial)  
Express EMPS

Mailing Address PO Box 6600

City State Zip Code  
Hagerstown MD 21740Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D394151

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	1	1

Amount of Each Disbursement this Period

7.38

C.

Full Name (Last, First, Middle Initial)  
Express EMPS

Mailing Address PO Box 6600

City State Zip Code  
Hagerstown MD 21740Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D394152

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	1	1

Amount of Each Disbursement this Period

27.57

SUBTOTAL of Disbursements This Page (optional) ..... ►

2391.48

TOTAL This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
IMPACT

**A.**

Full Name (Last, First, Middle Initial)  
Express EMPS

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D394560

Date of Disbursement

08 / 04 / 2011

Amount of Each Disbursement this Period

10.05

**B.**

Full Name (Last, First, Middle Initial)  
Express EMPS

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D394561

Date of Disbursement

08 / 04 / 2011

Amount of Each Disbursement this Period

144.65

**C.**

Full Name (Last, First, Middle Initial)  
Nicholas Kutryb

Mailing Address 455 W 37th Street  
Apt 510

City New York State NY Zip Code 10018

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D394551

Date of Disbursement

08 / 01 / 2011

Amount of Each Disbursement this Period

58.50

**SUBTOTAL** of Disbursements This Page (optional) .....

213.20

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
IMPACT

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Nicholas Kutryb</p> <p>Mailing Address 455 W 37th Street Apt 510</p> <p>City New York State NY Zip Code 10018</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D394156</p> <p>Date of Disbursement 07 / 18 / 2011</p> <p>Amount of Each Disbursement this Period 180.00</p> <p>002 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Nicholas Kutryb</p> <p>Mailing Address 455 W 37th Street Apt 510</p> <p>City New York State NY Zip Code 10018</p> <p>Purpose of Disbursement Consulting Services-Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D394545</p> <p>Date of Disbursement 08 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>003 Category/ Type</p> <p>Not for Federal Candidate</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Nicholas Kutryb</p> <p>Mailing Address 455 W 37th Street Apt 510</p> <p>City New York State NY Zip Code 10018</p> <p>Purpose of Disbursement Consulting Services-Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D393950</p> <p>Date of Disbursement 07 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>003 Category/ Type</p> <p>Not for Federal Candidate</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

680.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
IMPACT

A.

Full Name (Last, First, Middle Initial)  
Lincoln Building Associates, LLC

Mailing Address c/o Newmark & Co. Real Estate, LLC  
125 Park Ave., 11th Floor

City New York State NY Zip Code 10017

Purpose of Disbursement  
Rent (includes utilities)

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D393951

Date of Disbursement

07 / 01 / 2011

Amount of Each Disbursement this Period

538.67

B.

Full Name (Last, First, Middle Initial)  
Lincoln Building Associates, LLC

Mailing Address c/o Newmark & Co. Real Estate, LLC  
125 Park Ave., 11th Floor

City New York State NY Zip Code 10017

Purpose of Disbursement  
Rent (includes utilities)

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D394549

Date of Disbursement

08 / 01 / 2011

Amount of Each Disbursement this Period

515.58

C.

Full Name (Last, First, Middle Initial)  
Lincoln Building Associates, LLC

Mailing Address c/o Newmark & Co. Real Estate, LLC  
125 Park Ave., 11th Floor

City New York State NY Zip Code 10017

Purpose of Disbursement  
Rent (includes utilities)

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D395019

Date of Disbursement

08 / 19 / 2011

Amount of Each Disbursement this Period

515.58

SUBTOTAL of Disbursements This Page (optional) .....

1569.83

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
IMPACT

<b>A.</b> Full Name (Last, First, Middle Initial) Michael Lynch	<b>Transaction ID:</b> D393948 <b>Date of Disbursement</b>
Mailing Address 317 Tennessee Ave NE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 1 / 2 0 1 1</div> </div>
City Washington State DC Zip Code 20002-6445	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Political Consultant-Communications Candidate Name	<div> <div>7500.00</div> <div>001</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) NGP Van, Inc	<b>Transaction ID:</b> D394158 <b>Date of Disbursement</b>
Mailing Address 1225 Eye Street, NW Suite 1225	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 5 / 2 0 1 1</div> </div>
City Washington State DC Zip Code 20005	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Software Candidate Name	<div> <div>750.00</div> <div>001</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Perkins Coie	<b>Transaction ID:</b> D394157 <b>Date of Disbursement</b>
Mailing Address 1201 Third Ave. Suite 4800	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 8 / 2 0 1 1</div> </div>
City Seattle State WA Zip Code 98101	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Professional Services-Legal Candidate Name	<div> <div>33.00</div> <div>001</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

8283.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
IMPACT

A.	<p>Full Name (Last, First, Middle Initial) Perkins Coie</p> <hr/> <p>Mailing Address 1201 Third Ave. Suite 4800</p> <hr/> <p>City Seattle State WA Zip Code 98101</p> <hr/> <p>Purpose of Disbursement Professional Services-Legal</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D394562</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <hr/> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="231.00"/></p>
B.	<p>Full Name (Last, First, Middle Initial) TFS Consulting</p> <hr/> <p>Mailing Address 426 C St. NE</p> <hr/> <p>City Washington State DC Zip Code 20002</p> <hr/> <p>Purpose of Disbursement Consulting Services-Fundraising</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D394550</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <hr/> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3500.00"/></p> <p>Not for Federal Candidate</p>
C.	<p>Full Name (Last, First, Middle Initial) TFS Consulting</p> <hr/> <p>Mailing Address 426 C St. NE</p> <hr/> <p>City Washington State DC Zip Code 20002</p> <hr/> <p>Purpose of Disbursement Consulting Services-Fundraising</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D393949</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <hr/> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3500.00"/></p> <p>Not For Federal Candidate</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**7231.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
IMPACT

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Verdolino &amp; Lowey, P.C.</p> <p>Mailing Address 124 Washington St. Suite 101</p> <p>City Foxboro State MA Zip Code 02035</p> <p>Purpose of Disbursement Professional Services-Accounting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D394155</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1815.53"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Verdolino &amp; Lowey, P.C.</p> <p>Mailing Address 124 Washington St. Suite 101</p> <p>City Foxboro State MA Zip Code 02035</p> <p>Purpose of Disbursement Professional Services-Accounting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D395017</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="965.26"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 2853</p> <p>City New York State NY Zip Code 10116</p> <p>Purpose of Disbursement Credit Card - See Below if itemized</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D393953</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5426.27"/></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**8207.06**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
IMPACT

<b>A.</b> Full Name (Last, First, Middle Initial) Jetblue Airways	<b>Transaction ID:</b> D393954 <b>Date of Disbursement</b>																				
Mailing Address 6322 S 3000 E	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	5		2	0	1	1												
City Salt Lake City State UT Zip Code 84121	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Travel	<table border="1"> <tr> <td>142.50</td> </tr> </table>	142.50																			
142.50																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>																				
<b>B.</b> Full Name (Last, First, Middle Initial) Junior's Cheesecake	<b>Transaction ID:</b> D394144 <b>Date of Disbursement</b>																				
Mailing Address 386 Flatbush Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	5		2	0	1	1												
City Brooklyn State NY Zip Code 11201	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Supporter Acknowledgements	<table border="1"> <tr> <td>59.95</td> </tr> </table>	59.95																			
59.95																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>																				
<b>C.</b> Full Name (Last, First, Middle Initial) New York Yankees	<b>Transaction ID:</b> D394143 <b>Date of Disbursement</b>																				
Mailing Address River Ave. & East 161st	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	5		2	0	1	1												
City Bronx State NY Zip Code 10451	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Reception-Facilities Not For Fed Candidate	<table border="1"> <tr> <td>4500.00</td> </tr> </table>	4500.00																			
4500.00																					
Candidate Name	<table border="1"> <tr> <td>003</td> </tr> </table> Category/ Type	003																			
003																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>																				

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
IMPACT

<b>A.</b>	Full Name (Last, First, Middle Initial) NYC Taxi	Transaction ID: D394134 Date of Disbursement 07 / 05 / 2011
	Mailing Address 32-02 Queens Blvd.	
	City Long Island City State NY Zip Code 11101	Amount of Each Disbursement this Period 9.25
	Purpose of Disbursement Travel Candidate Name	002 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b>	Full Name (Last, First, Middle Initial) NYC Taxi	Transaction ID: D394135 Date of Disbursement 07 / 05 / 2011
	Mailing Address 32-02 Queens Blvd.	
	City Long Island City State NY Zip Code 11101	Amount of Each Disbursement this Period 10.25
	Purpose of Disbursement Travel Candidate Name	002 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b>	Full Name (Last, First, Middle Initial) NYC Taxi	Transaction ID: D394149 Date of Disbursement 07 / 05 / 2011
	Mailing Address 32-02 Queens Blvd.	
	City Long Island City State NY Zip Code 11101	Amount of Each Disbursement this Period 11.25
	Purpose of Disbursement Travel Candidate Name	002 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
IMPACT

<b>A.</b>	Full Name (Last, First, Middle Initial) NYC Taxi			Transaction ID: D393956 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 1 1	
	Mailing Address 32-02 Queens Blvd.				
	City Long Island City	State NY	Zip Code 11101	Amount of Each Disbursement this Period 12.80	
	Purpose of Disbursement Travel	Candidate Name		002 Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM]	
<b>B.</b>	Full Name (Last, First, Middle Initial) NYC Taxi			Transaction ID: D394127 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 1 1	
	Mailing Address 32-02 Queens Blvd.				
	City Long Island City	State NY	Zip Code 11101	Amount of Each Disbursement this Period 37.25	
	Purpose of Disbursement Travel	Candidate Name		002 Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM]	
<b>C.</b>	Full Name (Last, First, Middle Initial) NYC Taxi			Transaction ID: D394128 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 1 1	
	Mailing Address 32-02 Queens Blvd.				
	City Long Island City	State NY	Zip Code 11101	Amount of Each Disbursement this Period 25.87	
	Purpose of Disbursement Travel	Candidate Name		002 Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
IMPACT

<b>A.</b> Full Name (Last, First, Middle Initial) NYC Taxi Mailing Address 32-02 Queens Blvd.	<b>Transaction ID:</b> D394129 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 5 / 2 0 1 1</div> </div>
City Long Island City State NY Zip Code 11101 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>8.75</div> <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) NYC Taxi Mailing Address 32-02 Queens Blvd.	<b>Transaction ID:</b> D394131 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 5 / 2 0 1 1</div> </div>
City Long Island City State NY Zip Code 11101 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>15.90</div> <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) NYC Taxi Mailing Address 32-02 Queens Blvd.	<b>Transaction ID:</b> D394132 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 5 / 2 0 1 1</div> </div>
City Long Island City State NY Zip Code 11101 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>20.12</div> <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
IMPACT

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) NYC Taxi</p> <p>Mailing Address 32-02 Queens Blvd.</p> <p>City Long Island City State NY Zip Code 11101</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D394138</p> <p><b>Date of Disbursement</b>  <div> <div>07</div> <div>05</div> <div>2011</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>37.00</div> </p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address Park &amp; 56th St.</p> <p>City New York State NY Zip Code 10022</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D394133</p> <p><b>Date of Disbursement</b>  <div> <div>07</div> <div>05</div> <div>2011</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>27.21</div> </p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) UPS Store</p> <p>Mailing Address 208 East 51st St.</p> <p>City New York State NY Zip Code 10022</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D394140</p> <p><b>Date of Disbursement</b>  <div> <div>07</div> <div>05</div> <div>2011</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>63.32</div> </p> <p><b>[MEMO ITEM]</b></p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
IMPACT

**A.**

Full Name (Last, First, Middle Initial)

UPS Store

Mailing Address 208 East 51st St.

City State Zip Code  
New York NY 10022

Purpose of Disbursement  
Postage

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D394141

Date of Disbursement

07 / 05 / 2011

Amount of Each Disbursement this Period

31.53

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

UPS Store

Mailing Address 208 East 51st St.

City State Zip Code  
New York NY 10022

Purpose of Disbursement  
Postage

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D394142

Date of Disbursement

07 / 05 / 2011

Amount of Each Disbursement this Period

31.40

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

UPS Store

Mailing Address 208 East 51st St.

City State Zip Code  
New York NY 10022

Purpose of Disbursement  
Postage

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D394148

Date of Disbursement

07 / 05 / 2011

Amount of Each Disbursement this Period

15.70

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
IMPACT

<b>A.</b> Full Name (Last, First, Middle Initial) Waldorf Astoria	<b>Transaction ID:</b> D394137 <b>Date of Disbursement</b>
Mailing Address 301 Park Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 5 / 2 0 1 1</div> </div>
City New York State NY Zip Code 10022	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Meetings/Meals	<div>203.11</div>
Candidate Name	<div>001</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) American Express	<b>Transaction ID:</b> D394553 <b>Date of Disbursement</b>
Mailing Address P.O. Box 2853	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 3 / 2 0 1 1</div> </div>
City New York State NY Zip Code 10116	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Credit Card - See Below if Itemized	<div>7650.02</div>
Candidate Name	<div>001</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Amtrak	<b>Transaction ID:</b> D394777 <b>Date of Disbursement</b>
Mailing Address 10 G Street, NE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 3 / 2 0 1 1</div> </div>
City Washington State DC Zip Code 20002	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Travel	<div>250.00</div>
Candidate Name	<div>002</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

7650.02

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
IMPACT

**A.**

Full Name (Last, First, Middle Initial)  
Bike & Roll

Mailing Address 18 Battery Pl.

City State Zip Code  
New York NY 10004

Purpose of Disbursement  
Reception-Entertainment Not For Fed Candidate  
Candidate Name

003  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
State: District: ☐ Other (specify) ▼

Transaction ID: D394630  
Date of Disbursement

08 / 03 / 2011

Amount of Each Disbursement this Period

640.94

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)  
Junior's Cheesecake

Mailing Address 386 Flatbush Ave

City State Zip Code  
Brooklyn NY 11201

Purpose of Disbursement  
Supporter Acknowledgements  
Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
State: District: ☐ Other (specify) ▼

Transaction ID: D394636  
Date of Disbursement

08 / 03 / 2011

Amount of Each Disbursement this Period

116.90

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)  
New York Yankees

Mailing Address River Ave. & East 161st

City State Zip Code  
Bronx NY 10451

Purpose of Disbursement  
Reception-Facilities Not For Fed Candidate  
Candidate Name

003  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
State: District: ☐ Other (specify) ▼

Transaction ID: D394779  
Date of Disbursement

08 / 03 / 2011

Amount of Each Disbursement this Period

2500.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
IMPACT

<b>A.</b> Full Name (Last, First, Middle Initial) New York Yankees	<b>Transaction ID:</b> D394774 <b>Date of Disbursement</b>
Mailing Address River Ave. & East 161st	<div> <div>08</div> <div>03</div> <div>2011</div> </div>
City Bronx State NY Zip Code 10451	Amount of Each Disbursement this Period
Purpose of Disbursement Reception-Facilities Not For Fed Candidate Candidate Name	<div>2500.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div>003</div> Category/ Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) NYC Taxi	<b>Transaction ID:</b> D394626 <b>Date of Disbursement</b>
Mailing Address 32-02 Queens Blvd.	<div> <div>08</div> <div>03</div> <div>2011</div> </div>
City Long Island City State NY Zip Code 11101	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Candidate Name	<div>10.30</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div>002</div> Category/ Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) NYC Taxi	<b>Transaction ID:</b> D394635 <b>Date of Disbursement</b>
Mailing Address 32-02 Queens Blvd.	<div> <div>08</div> <div>03</div> <div>2011</div> </div>
City Long Island City State NY Zip Code 11101	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Candidate Name	<div>40.75</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div>002</div> Category/ Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
IMPACT

<b>A.</b> Full Name (Last, First, Middle Initial) Parkway Deli & Restaurant	<b>Transaction ID:</b> D394775																				
Mailing Address 8317 Grubb Rd.	Date of Disbursement																				
City Silver Spring	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	3		2	0	1	1												
State MD Zip Code 20910	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>276.68</td> </tr> </table>	276.68																			
276.68																					
Meetings/Meals	<table border="1"> <tr> <td>001</td> </tr> </table>	001																			
001																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:	<b>[MEMO ITEM]</b>																				
<b>B.</b> Full Name (Last, First, Middle Initial) Parkway Deli & Restaurant	<b>Transaction ID:</b> D394776																				
Mailing Address 8317 Grubb Rd.	Date of Disbursement																				
City Silver Spring	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	3		2	0	1	1												
State MD Zip Code 20910	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>60.42</td> </tr> </table>	60.42																			
60.42																					
Meetings/Meals	<table border="1"> <tr> <td>001</td> </tr> </table>	001																			
001																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:	<b>[MEMO ITEM]</b>																				
<b>C.</b> Full Name (Last, First, Middle Initial) RW Cutler Bike Rentals	<b>Transaction ID:</b> D394639																				
Mailing Address 1 Main Street	Date of Disbursement																				
City Edgartown	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	3		2	0	1	1												
State MA Zip Code 02539	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>478.00</td> </tr> </table>	478.00																			
478.00																					
Reception-Entertainment	<table border="1"> <tr> <td>002</td> </tr> </table>	002																			
002																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:	<b>[MEMO ITEM]</b>																				

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
IMPACT

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address Park &amp; 56th St.</p> <p>City New York State NY Zip Code 10022</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D394627</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 3 / 2 0 1 1</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>204.57</div> </p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) UPS Store</p> <p>Mailing Address 208 East 51st St.</p> <p>City New York State NY Zip Code 10022</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D394624</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 3 / 2 0 1 1</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>15.83</div> </p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) UPS Store</p> <p>Mailing Address 208 East 51st St.</p> <p>City New York State NY Zip Code 10022</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D394625</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 3 / 2 0 1 1</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>190.58</div> </p> <p><b>[MEMO ITEM]</b></p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

**TOTAL** This Period (last page this line number only) ..... ►



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
IMPACT

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) UPS Store</p> <p>Mailing Address 208 East 51st St.</p> <p>City New York State NY Zip Code 10022</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D394631</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 3 / 2 0 1 1</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>24.33</div> </p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) UPS Store</p> <p>Mailing Address 208 East 51st St.</p> <p>City New York State NY Zip Code 10022</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D394633</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 3 / 2 0 1 1</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>25.96</div> </p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) UPS Store</p> <p>Mailing Address 208 East 51st St.</p> <p>City New York State NY Zip Code 10022</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D394781</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 3 / 2 0 1 1</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>25.96</div> </p> <p><b>[MEMO ITEM]</b></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

37735.13

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
IMPACT

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) America Votes Action Fund</p> <hr/> <p>Mailing Address 1401 New York Ave. NW Suite 720</p> <hr/> <p>City Washington State DC Zip Code 20005</p> <hr/> <p>Purpose of Disbursement Contribution</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D394150</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 6 / 2 0 1 1</div> </div> </p> <hr/> <p><b>Amount of Each Disbursement this Period</b>  <div>5000.00</div> </p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) David Weprin for Congress</p> <hr/> <p>Mailing Address 72-50 Austin St. 2nd Fl.</p> <hr/> <p>City Forest Hills State NY Zip Code 11375</p> <hr/> <p>Purpose of Disbursement 2011 NY-H-09-Special General</p> <hr/> <p>Candidate Name David Weprin</p> <hr/> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special</p> <p>State: NY District: 09</p>	<p><b>Transaction ID:</b> D394557</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 4 / 2 0 1 1</div> </div> </p> <hr/> <p><b>Amount of Each Disbursement this Period</b>  <div>5000.00</div> </p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Independence Party of NY Federal Committee</p> <hr/> <p>Mailing Address PO Box 871</p> <hr/> <p>City Lindenhurst State NY Zip Code 11757</p> <hr/> <p>Purpose of Disbursement Contribution</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D395020</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 7 / 2 0 1 1</div> </div> </p> <hr/> <p><b>Amount of Each Disbursement this Period</b>  <div>2500.00</div> </p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

12500.00

**TOTAL** This Period (last page this line number only) ..... ►

12500.00